



Major Associate Membership Application Form

Company Name:	
Contact Name 1:	
Contact Name 2:	
P O Box:	Postal Code:
Street Address:	Postal Code:
Suburb:	City:
Land Line:	Fax:
Mobile 1:	Email 1 :
Mobile 2:	Email 2:

Website:

If there are other representatives within your organisation that would like to make contact with our branches, please attached details to this form (include name, address, phone, cell, email)

What are your company's specific business activities:

What do you want from membership with the NZ Contractors' Federation?

<input type="checkbox"/> Interaction with Contractors	<input type="checkbox"/> Distribute flyers to Contractors
<input type="checkbox"/> Networking Opportunities	<input type="checkbox"/> Better understanding of industry
<input type="checkbox"/> Receive Schemes/Discounts/Benefits	<input type="checkbox"/> Give back to industry
<input type="checkbox"/> Provide Schemes/Discounts/Benefits	<input type="checkbox"/> Sponsorship opportunities
<input type="checkbox"/> Attend Branch Meetings	<input type="checkbox"/>

Other Please specify:

PTO

How did you hear about the NZ Contractors' Federation?

<input type="checkbox"/> NZCF Website	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Contractor/Member	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> NZCF Event	<input type="checkbox"/> Employee of NZCF
<input type="checkbox"/> Contractor Magazine	<input type="checkbox"/> Associate/Supplier

Other Please specify:

Contractors Magazine details for posting 5 complementary copies

(include branch name, contact, title, address, postal code and phone number, use an extra sheet if needed)

Name:	Title:
Address:	City:

Name:	Title:
Address:	City:

Contractor Magazine – additional subscription **\$72.00-Inc GST**

Please provide names and mailing address

11 Issues per year

Name:	Title:
Address:	City:

Name:	Title:
Address:	City:

Method of Payment

Membership is activated with payment of subscription, please contact national office for subscription amount: Please indicate your preferred payment option: Invoice will be issues

Cheque Credit Card Direct Credit Direct Debit

Bank Account: 02 – 0500 – 0944809 – 00 (please include company name on statement)

Company : _____

Cardholder Name: (Visa/MasterCard) _____

Credit Card Number:

Expiry Date: mm/yy _____

Sign: _____ Amount: \$ _____
Contact NZCF on 0800 692 376

Membership Declaration

The undersigned hereby declares that the information supplied is true in substance and in fact, and authorises the New Zealand Contractors' Federation (NZCF) to verify, where and when necessary, claims and/or estimates made. The undersigned has read and understood this declaration, the NZCF's rules, and the NZCF's code of ethics. The undersigned hereby applies for membership with the NZCF and its branches and agrees to abide by the NZCF's rules and code of ethics, as may be amended from time to time by NZCF. The undersigned also gives permission to NZCF to display my/our contact details on the NZCF website directory and provide contact information to all members from time to time.

Signed:	Name:
Date:	Position:

New Zealand Contractors' Federation
Margan House, 21 Fitzherbert Terrace, Thorndon
P O Box 12-013, Wellington 6144
Ph: 0800 692 376 Fax: 04 496 3272
Email: info@nzcontractors.co.nz Website: www.nzcontractors.co.nz